S. No. 2
M—2-43
. 5-17-39
-1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36161

FILED DEC 5 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9969

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6515 Winona
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6515 Winona
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME DENNIS MAHER

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia M. Maher

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 15 1878 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business F. B. I.

FATHER
12. Name James Maher
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Usher
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Julia M. Maher
(b) Address 6515 Winona, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St. Louis, Mo.

19. (a) NOV 24 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1944 hour 805 P.M. minute 803 P.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1944, to Nov. 22, 1944 that I last saw him alive on Nov. 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 7 hrs
Due to Generalized arteriosclerosis — many years
Due to
Other conditions (Include pregnancy within 3 months of death) bronchio-pneumonia — 24 hrs

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph E. Von Lackum M.D. (M. D. or other)
Address 63 H N. Grand Date signed 11/22/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kemay Ferry Rd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.